

## CORRESPONDENCE

the quality of the patient's life will be very questionable and therefore believe that the operation proposed is not in the patient's best interest. Further, suppose that I believe that death is merely a part and continuation of life and not to be fought off at all costs. I can then apply a law of "mutual trust" and allow the patient to die. In short, how I apply the rule depends on what I define as "in the best interest of the patient." As long as my conscience is clear, I can logically opt for or against the proposed operation.

Alas, the formulation of ethical rules in the end makes little difference. What does matter is the beliefs of the people who apply them.

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### REFERENCE

1. Watts MSM, Bayley C, Healy FA, et al: Ethical problems in medical practice—A protocol for the guidance of physicians (Medical Ethics). West J Med 1982 Jul; 137:83-86

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TO THE EDITOR: I was delighted to see the article "Ethical Problems in Medical Practice"<sup>1</sup> in the last issue. These aspects deserve the attention they recently have been receiving. The protocol you and your coauthors presented is both practical and useful. However, I must take issue with the application of it that occurred in your case study. In simplifying the problem, I believe you introduced error and arrived at a conclusion that is by no means universally acceptable or certain. Let me explain.

The *Rule of Mutual Trust* and the *Golden Rule* are conceptually separate and distinct but practically inseparable and largely overlapping. No

professional can arrive at an opinion or belief as to the best interest of the patient except from the reference point of his or her own personal philosophy and beliefs. This may in some cases be interconnected with the *Religious Rule* whenever and to the extent the personal beliefs of the professional are determined by the professional's religious convictions. Thus, in my opinion the *Golden Rule* *always* applies and the *Religious Rule* often applies whether we recognize it or not. With this understanding my conclusion differs from that of the committee that acted in your case study.

It is my belief that an unwanted child is doomed to a miserable existence and that this is specially so if the child is handicapped. It is further my belief that *human life* as opposed to biologic life implies self-consciousness and the ability to influence and control, at least to some extent, one's environment. That belief includes the concept that quality of life affects the value of life and that sometimes, under some circumstances, death is preferable. This belief does not mean that I devalue life or deny the sanctity of life. It does mean that I deny that biologic existence under any and all circumstances is the ultimate and immutable value.

Had I been caring for this child and its parents I would have honored their decision.

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### REFERENCE

1. Watts MSM, Bayley C, Healy FA, et al: Ethical problems in medical practice—A protocol for the guidance of physicians (Medical Ethics). West J Med 1982 Jul; 137:83-86